

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEES DETERMINATION        | 11/11/00 |        |          |
| O.I.P.E. CLASSIFIER       |          |        | 11-20-00 |
| FORMALITY REVIEW          |          | DC 895 | 11-20-00 |
| RESPONSE FORMALITY REVIEW |          |        |          |

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Date   |
|-------|--------|
| Final | 3/2/94 |
| 1     | ✓      |
| 2     | ✓      |
| 3     | ✓      |
| 4     | ✓      |
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| 6     | ✓      |
| 7     | ✓      |
| 8     | ✓      |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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